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## P R E F A C E

Due to a change in legislative appropriations for human services, Montana's SSBG and LIEAP 10% transfer funds have been shifted to provide services to the developmentally disabled. This does not mean that the child protective services, the adult protective services, and the contracted services such as Big Brothers and Sisters will not be provided in Montana. There has merely been a change in sources of funding. Those services previously provided in the Community Services Division will be funded by state general fund dollars. Where a small portion of the SSBG funds received by Montana was used to fund a small portion of the DD services, 64.5% of all DD operations and benefits will now be provided by SSBG funds (including the 10% LIEAP transfer).

This report also includes Montana's intended use plan for the FFY 85 P.L. 98-473 funds.



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SOCIAL SERVICES BLOCK GRANT

Intended Use Plan for FY 86

I. SSBG AND 10% LIEAP Transfer: Developmental Disabilities

1. Administration and Operations:	\$ 801,871
2. Benefits:	\$ 10,193,188
Adult Habilitation Services	
Vocational Placement and Job	
Training	
Senior Day Services	
Children's Summer Day Services	
Residential Services	
Adult Community Homes	
Children's Community Homes	
Senior Adult Community Homes	
Trnasitional Living Training	
Independent Living Training	
Family Training and Support Services	
Specialized Family Care Services	
Respite Care Services	
Evaluation and Diagnostic Services	
Adaptive Equipment	
Intensive Adult Habilitation Services	
3. Total Planned Expenditures:	\$ 10,995,059
4. Sources of Funds:	
SSBG FFY 85:	\$ 626,279
SSBG FFY 86:	\$ 9,199,270
LIEAP FFY 86:	<u>\$ 1,169,510</u>
	\$10,995,059

II. P.L. 98-473 Funding Plan:

1. Assessment:	\$ 22,004
2. Screening:	22,004
3. Training:	<u>42,000</u>
4. Total:	\$ 86,008

## SERVICES FOR THE DEVELOPMENTALLY DISABLED

The State of Montana provides, through its various contractors, a variety of developmental and support services to persons with developmental disabilities. Funding for these many different programs is, in general terms, derived from a combination of state and federal monies. The State delivers and/or oversees these services on the basis of categorical disabilities and eligibility characteristics. . . factors which are given definition by State law and State Agency policies and procedures.

Under current statutes, the State definition profiles developmental disabilities by "condition" or "category":

"Developmental disabilities means disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurological handicapping condition closely related to mental retardation and requiring treatment similar to that required by mentally retarded individuals if the disability originated before the person attained age 18, has continued or can be expected to continue indefinitely, and constitutes a substantial handicap of the person." 53-20-202, MCA

Eligibility is determined not only on IQ (the upper level about 69) but also on adaptive behavior and appropriateness of services offered.

The purpose of the developmental disabilities services are to provide quality community-based services in the least restrictive environment which promotes the principle of normalization for citizens who are developmentally disabled.

### PROJECTED SERVICES TO BE PROVIDED by all sources of funding for developmental disabilities services.

		Projected FY 85	Projected FY 86	Total
I.	Adult Habilitation Services (includes II. Vocational Placement & Job Training and XVI. Intensive Adult Habilita- tion Services)	1100	34	1134
III.	Senior Services	50	15	65
IV.	Children's Summer Day Services	45	-	45
V.	Residential-Adult Community Homes	400	12	412
VI.	Residential-Children's Community Homes	62	5	67
VII.	Residential-Adult Intensive Training Homes	64	12	76

VIII.	Residential-Senior Adult Community Home	32	-	32
IX.	Transitional Living Training	54	-	54
X.	Independent Living Training	180	-	180
XI.	Family Training and Support	450	22	472
XII.	Specialized Family Care	35	10	45
XIII.	Respite Care	450	-	450
XIV.	Evaluation and Diagnosis	212	70	282
XV.	Adaptive Equipment	250	-	250
TOTAL SERVICES TO BE PROVIDED:		3384	180	3564
UNDUPLICATED CLIENT COUNT:		1934	100	2034

NOTE\*\*\*\*

These services are being provided to these clients through various funding sources of which SSBG and the 10% LIEAP funds constitute 64%. The total expenditure for these services in Montana will be \$15,934,408 in SFY 86.

## DEFINITION OF TERMS

### 1. Client(s)

An individual or family who has been determined eligible to receive developmental disability services and who is officially enrolled in the contractor's program of service.

### 2. Home and Community-Based Services

Individual(s) who are eligible for the Medicaid Waiver and who are receiving home and community-based services under the terms of contract #84-075-1404 with the CMT and the terms of the this contract.

### 3. Unit of Service - Adult Habilitation

A unit of service is one day in which one (1) client was in attendance for at least six hours.

### 4. Unit of Service - Senior Day

A unit of service is one day in which one (1) client was in attendance for at least six hours.

### 5. Unit of Service - Children's Summer Day

A unit of service is one day in which one (1) client was in attendance for at least six hours.

### 6. Unit of Service - Adult Community Home

A unit of service is one (1) day in which one (1) client is present in the community home and receiving training including days when a client is on a short-term leave (e.g., weekend absences) and no permanent vacancy is thereby created.

### 7. Unit of Service - Children Community Home

A unit of service is one (1) day in which one (1) client is present in the community home and receiving training including days when a client is on a short-term leave (e.g., weekend absences) and no permanent vacancy is thereby created.

### 8. Unit of Service - Senior's Community Home

A unit of service is one (1) day in which one (1) client is present in the community home and receiving training including days when a client is on a short-term leave (e.g., weekend absences) and no permanent vacancy is thereby created.

9. Unit of Service - Intensive Community Home

A unit of service is one (1) day in which one (1) client is present in the community home and receiving training including days when a client is on a short-term leave (e.g., weekend absences) and no permanent vacancy is thereby created.

10. Unit of Service - Family Training and Support

A unit of service is at least one (1) contact with or on the behalf of a child and/or family to carry out and/or develop a Family Service Plan.

11. Unit of Service - Respite

A unit of service is one (1) hour of Respite care provided to an individual determined eligible to receive Respite services.

12. Unit of Service - Independent Living and Training

A unit of service is one (1) contact per month with a client to develop and carry out an IHP objective relative to the six (6) Service Component areas. In addition, a unit of service will be given for each evaluation performed by Independent Living Staff.

13. Unit of Service - Transitional Living Training

A unit of service is one (1) direct contact per day with a client to develop or implement an IHP objective within the context of Appendix D1, for a minimum of five (5) days per week. In addition, a unit of service will be given for each evaluation performed at the Transitional Living Training Facility.

14. Unit of Service - Transportation

A unit of service for transportation is one ride per client from point A to point B.

15. Unit of Service - Specialized Family Care

Within the context of Specialized Family Care, the following definitions of service units apply:

a) Case Management

A unit of service is a twenty-four (24) hour day when the individual client is formally enrolled on the case load of the CMT.

b) Respite (provided under the Specialized Family Care Program)

A unit of service for respite is one (1) hour of Respite Care provided to an individual determined eligible to receive Respite Services.

c) Habilitation (other than Family Training and Support)

A unit of service for habilitation is one (1) hour of service provided to an eligible individual.

d) Physical Therapy, Occupational Therapy, Speech Therapy

A unit of service is one (1) hour of service provided to an eligible individual.

e) Homemaker Services

A unit of service is one (1) hour of service provided to an eligible individual.

f) Personal Care Attendant Services

A unit of service is one (1) hour of service provided to an eligible individual.

16. At Risk

"At Risk" means a child who is between birth and five years of age who may become developmentally delayed or developmentally disabled due to: Established Risk; Environmental Risk; and Biological Risk.

a) Risk-Environmental

A biologically sound infant for whom life experiences including maternal and family care, health care, opportunities for expression of adaptive behaviors, and patterns of physical and social stimulation are sufficiently limiting to the extent that, without corrective

intervention, they impart high probability for developmental delay.

b) Risk-Established

An infant whose early appearing aberrant development is related to diagnosed medical disorders of known etiology bearing relatively well known expectancies for developmental outcome within specified developmental delay (e.g., Down's Syndrome).

c) Risk-Biological

An infant presenting a history of prenatal, perinatal, neonatal, and early development events suggestive of biological insult(s) to the developing central nervous system and which either singly or collectively, increase the probability of later appear aberrant development.

17. Transportation Services

Transportation services are for the conveyance of developmentally disabled persons from a residential setting to a work setting and back; from a residential or work setting to another site in which they receive services such as medical, dental, physical therapy or leisure time services.

## I. ADULT HABILITATION SERVICES

The purpose of Adult Habilitation Services is to provide functional training in non-residential settings which is based on the Individual Habilitation Plans of Developmentally Disabled Adults. Adult Habilitation Services include training which address basic life skills, pre-vocational skills, work activities and sheltered employment skills. Training is generally directed toward skills pre-requisite or integral to vocational activities. Adult Habilitation Services direct their training activities toward movement of individuals to increasingly higher levels of independence.

Within this framework the following types of training are provided to Developmentally Disabled individuals based on their individual needs:

- 1) Self Help Skills, such as eating, toileting, dressing, hygiene and grooming, and clothing selection and care.
- 2) Motor/Physical Development, such as locomotion, body posture/control, motor coordination, and physical conditioning.
- 3) Communication Skills, such as pre-language, receptive language, expressive language, and control of inappropriate verbalization.
- 4) Functional Academics, such as pre-reading and reading, number concepts, number recognition, and survival word recognition.
- 5) Community Life Skills, such as orientation to the community, travel, social behavior, sexual behavior, community recreation, and safety.
- 6) Work Skills, such as attention span/attending, following instructions, matching, sorting, simple assembly, quality of work, quantity of work, general worker habits, and obtaining employment
- 7) Leisure Skills, such as crafts, individual games, and group games.

## II. ADULT HABILITATION SERVICES VOCATIONAL PLACEMENT AND JOB TRAINING

The purpose of Vocational Placement and Job Training is to provide an alternative to workshop/work activity centers as a site for DD individuals needing long-term vocational services. Therefore, the target population is people who

are in workshops or work activity centers under DD funding or who would be if they didn't receive this service. The people on the waiting list for just this project will be the second priority. This is done by locating paid jobs in community employment, selecting appropriate clients through screening committees, training them to do the job, providing needed supportive and advocacy services to the employer and individual as long as the IHP team deems necessary, with provisions for referral to appropriate DD services should the need arise. Services of residential/semi-independent living staff, social work, and other community agencies are coordinated through the IHP team.

Vocational Placement and Job Training provides the following service components:

- 1) Contacting employers in local businesses and corporations to discuss the program and to determine their potential as job sites; locating job sites with immediate openings; prior to selecting client, doing a potential job himself in order to assess skills involved and make initial task analysis; evaluating client strengths and job requirements in order to make an appropriate match.
- 2) Training directed toward development of all skills necessary to succeed in the particular paid job that the individual is hired to do. Training occurs within the actual job environment and addresses naturally occurring demands and contingencies. Trainer will assist the client in completing the job until the client can do all tasks independently.
- 3) Supportive and advocacy services may include but are not limited to:
  - a) Ongoing assessment of the client's performance in meeting employer expectations.
  - b) Trouble shooting with on-the-job problems.
  - c) Arranging for wage subsidies.
  - d) Assistance in application for tax credit benefits.
  - e) Assisting the client in arranging long-term transportation to and from work.
  - f) Providing any adaptive equipment and materials or tools necessary to do the job.
  - g) Arranging for occupational therapist or physical therapist evaluation to help client adapt to job requirements.

- h) Orienting employee to his co-workers and surroundings.
- i) Teaching immediate supervisors realistic expectations.
- j) Involving immediate supervisors in basic training procedures.
- k) Teaching co-workers and supervisors how to interact with the client.
- l) Coordinating new income for individual, and its effect on SSI, SSDI, and Medicaid benefits.
- m) Discussion of effects of employment with family or residence.
- n) Assisting the client to arrange his schedule so there is opportunity for socialization with peers and friends.
- o) Long-term advocacy for client and employer.

4) Service coordination involves assisting other providers and/or social service staff in locating, developing, and coordinating services which enhance employment for DD adults and may include but is not limited to:

- a) Providing information or training to other agencies or organizations who assist in serving an individual.
- b) Assisting in the planning and development of vocational goals for clients wishing to be included in this program or who are referred to this program.
- c) Providing professional inter-agency communication to promote the interests and needs of the individual.

### III. SENIOR DAY SERVICES

The purpose of Senior Day Services is to provide informal, but functional, training and age appropriate activities to developmentally disabled adults who are determined to be appropriate for such services by their Individual Habilitation Planning Teams by virtue of their age, functioning levels and desires. Senior Day Services include the provision of organized group activities, maintenance of

previously acquired self-help and social skills, formal training in leisure-type activities, etc. The main purpose of Senior Day Services is to offer group and individual leisure and recreational activities; to teach constructive use of an individual's personal time; maintenance of independence; and, finally, to prevent needless institutionalization (e.g. nursing homes) through the provision of these services. Senior Day Services should be flexible enough to provide for an individual's personal needs, goals and desires, both with regard to service offered and with regard to client attendance and participation.

The following types of training and activities should generally be offered to eligible clients based upon the clients IHP:

- 1) Maintenance of self-help, motor, communication and community life skills.
- 2) Informal training directed toward the independent use of free time, both through individual and group activities.

Recreational events will be scheduled, provided and documented to all clients by the contractor on a weekly basis. Leisure-type activities which involve the active participation of each client will be provided and documented on a daily basis. Attendance and participation level will be documented for each client in all regularly scheduled events and activities.

#### IV. CHILDREN'S SUMMER DAY SERVICES

The purpose of Children's Summer Day Services is to provide day services to children with developmental disabilities in communities where the local school district suspends educational services during the summer months. Children's Summer Day Services provide functional training (formal and informal) and leisure/recreational activities designed to promote development, independence and individual skills. Training includes areas such as self-help, social, language, pre-academic/academic, motor and prevocational skills and is based on the objectives set by each Child's Individual Habilitation Planning Team or Individual Education Planning Team.

V. RESIDENTIAL SERVICES - ADULT COMMUNITY HOME

The purpose of Residential Services is to provide a continuum of living arrangements to meet the needs of developmentally disabled client's and to facilitate their integration into community life with each client's health, safety and well-being insured in each residential setting. Opportunities for socialization and the development of leisure time skills are also available.

The primary goal of Residential Services is the provision of instruction and intervention in accordance with the developmental model and the principle of normalization. The provision of service is directed towards maximum skill acquisition in order to increase personal independence.

Each person's Individual Habilitation Planning Team provides the general goals and specific objectives towards which each residential service directs it's efforts. The IHP, based upon the results of a formal assessment and identification of each client's needs, also specifies the appropriate residential alternative in which services will be provided.

Each residential service coordinates its service activities with those of other specialized services such as: day habilitation, special education and other generic community services.

Adult Community Homes are licensed family-oriented living arrangement in which two to eight clients, not less than sixteen years of age, reside under supervision of community group home trainers. Each client is provided habilitation services which include general care, supervision and guidance, and training.

Training focuses on the skills necessary for individual self help, functioning within the home, and interaction with the social and physical community environment. When appropriate, training also focus on the skills necessary for independent living.

Residential Services provides at least the following areas of training:

- 1) Individual Self Help Skills, such as toileting, eating, dressing, bathing, hair care, grooming, health care, motor skills, social interaction, and sexual awareness.
- 2) Home Related Skills, such as clothing care and selection, household chores, cooking, response to emergencies, home repair and maintenance, time telling, leisure and recreational skills, and telephone use.

- 3) Community Awareness Skills, such as shopping skills, transportation, restaurant use, and safety and traffic signs.
- 4) Leisure and Recreational Skills, such as hobbies, sports and games.

A minimum number of IHP objectives shall be established through the Individual Habilitation process. However, any IHP Team which recommends that a client has no need for training objectives must have a DDD staff person as a member.

Recreational outings (i.e. picnics, parties, etc.) will be scheduled, provided and made available to all clients, supervised by the provider on a monthly basis and documented.

Home-oriented leisure time activities which involve the active participation of each client will be documented on a weekly basis.

## VI. RESIDENTIAL SERVICES - CHILDREN'S COMMUNITY HOME

The purpose of Residential Services is to provide a continuum of living arrangements to meet the needs of developmentally disabled children and to facilitate their integration into community life with each client's health, safety and well-being insured in each residential setting. Opportunities for socialization and the development of leisure time skills are also available.

The primary goal of Residential Services is the provision of instruction and intervention in accordance with the developmental model and the principle of normalization. The provision of service is directed towards maximum skill acquisition in order to increase personal independence.

Each child's Individual Habilitation Planning Team provides the general goals and specific objectives towards which each residential service directs its efforts. The IHP, based upon the results of a formal assessment and identification of each child's needs, also specifies the appropriate residential alternative in which services will be provided.

Each residential service coordinates its service activities with those of other specialized services such as: day habilitation, special education and other generic community services.

Children Community Homes are licensed family-oriented living arrangement in which two to five severely, multiply handicapped individuals, ages five to twenty-one (unless otherwise agreed upon by the Contractor and the Department), reside under the general care and supervision of community home staff. A home-like atmosphere is achieved while concurrently providing physical care and training in the areas of self help skills, socialization, and community interaction.

Residential Services provides at least the following areas of training:

- 1) Individual Self Help Skills, such as toileting, eating, dressing, bathing, hair care, grooming, health care, motor skills, social interaction, and sexual awareness.
- 2) Home Related Skills, such as clothing care and selection, household chores, cooking, response to emergencies, home repair and maintenance, time telling, leisure and recreational skills, and telephone use.
- 3) Community Awareness Skills such as shopping skills, transportation, restaurant use, and safety and traffic signs.
- 4) Leisure and Recreational Skills, such as hobbies, sports, and games.

## VII. RESIDENTIAL SERVICES ADULT INTENSIVE TRAINING COMMUNITY HOME

The purpose of Residential Services is to provide a continuum of living arrangements to meet the needs of developmentally disabled clients and to facilitate their integration into community life with each client's health, safety and well-being insured in each residential setting. Opportunities for socialization and the development of leisure time skills are also available.

The primary goal of Residential Services is the provision of instruction and intervention in accordance with the developmental model and the principal of normalization. The provision of service is directed towards maximum skill acquisition in order to increase personal independence.

Each client's Individual Habilitation Planning Team provides the general goals and specific objectives towards which each residential service directs its efforts. The IHP, based upon the results of a formal assessment and identification of client needs, also specifies the appropriate residential alternative in which services will be provided.

Each residential service coordinates it's service activities with those of other specialized services such as: day habilitation, special education and other generic community services.

Adult Intensive Training Community Homes are licensed, family oriented living arrangements in which four to eight adults clients, not less than sixteen years of age, reside under the supervision of specially trained staff.

The individuals who receive services in intensive training homes display fewer self-help skills and/or more severe problem behaviors than the clients found in typical adult community homes have been screened against a standard "intensive needs" assessment and have been determined as inappropriate for placement in less restrictive residential settings.

Training is provided in a highly structured environment, by staff who are sophisticated in the skills of behavior management. Training focuses on the behaviors necessary to maintain the individual in the community-based service system and, if possible, move to a less restrictive setting.

- 1) Individual Self Help Skills, such as toileting, eating, dressing, bathing, hair care, grooming, health care, motor skills, social interaction, and sexual awareness.
- 2) Home Related Skills, such as clothing care and selection, household chores, cooking, response to emergencies, home repair and maintenance, time telling, leisure and recreational skills, and telephone use.
- 3) Community Awareness Skills such as shopping skills, transportation, restaurant use, and safety and traffic signs.
- 4) Leisure and Recreational Skills, such as hobbies, sports, and games.

## VIII. RESIDENTIAL SERVICES - SENIOR ADULT COMMUNITY HOME

The purpose of Residential Services is to provide a continuum of living arrangements to meet the needs of senior developmentally disabled clients and to facilitate their integration into community life with each client's health, safety and well-being insured in each residential setting. Opportunities for socialization and the development of leisure time skills are also available.

The primary goal of Residential Services is the provision of instruction and intervention in accordance with the developmental model and the principal of normalization. The provision of service is directed towards maximum skill acquisition in order to increase personal independence and maintenance of current skill levels.

Each client's Individual Habilitation Planning Team provides the general goals and specific objectives towards which each residential service directs its efforts. The IHP, based upon the results of a formal assessment and identification of client needs, also specifies the appropriate residential alternative in which services will be provided.

Each residential service coordinates its service activities with those of other specialized services such as: day habilitation, special education and other generic community services.

Senior Adult Community Homes are licensed family-oriented living arrangements in which two to eight clients reside under supervision of community group home trainers. Clients are determined to be appropriate for this service by their Individual Habilitation Planning Teams by virtue of their age, functioning levels and desires. Each senior client is provided habilitation services which include general care, supervision, guidance, organized group activities, maintenance of previously acquired self-help and social skills and training in leisure-type activities.

The main purpose of Senior Adult Community Homes is to maintain appropriate community placement and to prevent needless institutionalization (e.g., nursing home) through the provision of services determined necessary by the client's IHP Team. Senior Adult Community Home services should be flexible enough to provide for each individual's personal needs, goals and desires.

- 1) Individual Self Help Skills, such as toileting, eating, dressing, bathing, hair care, grooming, health care, motor skills, and social interaction.
- 2) Home Related Skills, such as clothing care and selection, household chores, cooking, response to emergencies, leisure and recreational skills, and telephone use.
- 3) Community Awareness Skills such as shopping skills, transportation, restaurant use, and safety and traffic signs.
- 4) Leisure and Recreational Skills, such as hobbies, sports, and games.

## IX. TRANSITIONAL LIVING TRAINING

The purpose of Transitional Living and Training Services is to assure that each individual receives habilitation services designed to enhance the independence of that individual who is at least eighteen years of age.

The Individual Habilitation Planning Team determines the readiness of each individual to receive these services according to established criteria as well as the degree and amount of guidance and training each individual will receive.

Each individual is provided the following habilitation services, which include: guidance; home and community life training; client service coordination and support in varying degrees of intensity.

Transitional Living and Training Services are provided to individuals residing in a Transitional Living environment. Individuals receiving services in Transitional Living and Training Services display fewer independent living skills and/or less preparedness for community living and usually require more structured living environment and training and/or more supervision/assistance than individuals in Independent Living Training.

Transitional Living and Training Services include the following components:

- 1) Training is directed toward advanced skill training in personal, home, and community life skills. Training occurs within the natural environment and addresses naturally occurring demands and contingencies. Training areas include:
  - a) Advanced Personal Skills, such as grooming, health care, social interaction, sexuality, and clothing care and selection.
  - b) Home Related Skills, such as household chores, cooking, response to emergencies, home repair and maintenance, time telling, leisure time skills, home safety, and money management.
  - c) Community Life Skills, such as utilization of community services, transportation, restaurant use, community recreation, safety and traffic signs, social behavior, and shopping skills.
- 2) Service Coordination involves assisting DDD and/or social service staff in locating, developing and coordinating community generic services which support clients being served.

- 3) The Provider must present documentation upon request that the 24 client supervision is available on a regular basis and upon immediate need of each individual. Client Supervision is for safety, habilitation, crisis intervention, and advocacy for the client.
- 4) Evaluation involves bringing a prospective client on-site to be evaluated by Transitional Living Staff. The evaluation will at least address those necessary skills, listed in the programs entrance criterion and supervision criterion, so as to provide adequate information to the screening committee for the process of actually selecting a client for a vacancy.

X. INDEPENDENT LIVING TRAINING

The purpose of Independent Living and Training Services is to assure that each individual receives habilitation services designed to enhance the independence of that individual who is at least eighteen years of age.

The Individual Habilitation Planning Team determines the readiness of each individual to receive these services according to established criteria as well as the degree and amount of guidance and training each individual will receive.

Each individual is provided the following habilitation services, which include: guidance, home and community life training, client service coordination, support, and follow-along in varying degrees and intensity according to each individual's need.

Independent Living and Training Services are provided to individuals who reside in neighborhood housing located throughout the community. Individuals receiving services in Independent Living and Training Services require minimal supervision/guidance but require periodic contact to maintain a more independent style of living.

Independent Living and Training Services include the following components:

- 1) Training is directed toward advanced skill training in personal, home and community life skills. Training occurs within the natural environment and addresses naturally occurring demands and contingencies. Training areas include:

- a) Advanced Personal Skills, such as grooming, health care, social interaction, sexuality, and clothing care and selection.
- b) Home Related Skills, such as household chores, cooking, response to emergencies, home repair and maintenance, time telling, leisure time skills, home safety, and money management.
- c) Community Life Skills, such as utilization of community resources, transportation, restaurant use, community recreation, safety and traffic signs, social behavior, shopping skills.

2) Service coordination involves assisting DDD and/or social service staff in locating, developing and co-ordinating community generic services which support clients being served.

3) Minimal guidance is provided to individuals receiving Independent Living Training Services for emergencies on an on-call basis.

4) Support services include assisting clients upon their request, when a need arises, or upon the direction of the IHP Team.

5) Follow-along services are intended for those clients meeting program exit criterion and agreement by the IHP Team. Follow-along services are implemented through a written plan determined by the IHP Team. These services are provided when appropriate, and when no other or insufficient services are available.

6) Evaluation involves bringing a prospective client on-site to be evaluated by Independent Living Training Staff. The evaluation will at least address those necessary skills, listed in the programs entrance criterion and supervision criterion, so as to provide adequate information to the screening committee for the process of actually selecting a client for a vacancy.

## XI. FAMILY TRAINING AND SUPPORT SERVICES

The purpose of Family and Children Services is to provide training, information, and support services to families to assist in the development and care of their child who is developmentally disabled or at risk. These services are coordinated with other generic and specialized community services. The major goal of Family and Children Services is

to assist the natural or foster family in maximizing the developmental potential of their child and to maintain their child in the appropriate least restrictive environment.

Within this area of service, the following types of services are provided to eligible children and their families based upon their needs.

- 1) Family Training Services are provided to assist the natural or foster family to maximize the developmental potential of their child by training the family to train the child. There are two types of Family Training.
  - a) Family Focused Training is directed towards enabling family members to function as independently as possible in providing or obtaining needed services for their child so that the need for Family and Children Services is reduced or eliminated.
  - b) Child Focused Training is directed towards enabling family members to conduct specific skill acquisition or behavioral intervention programs with their child in order to teach the child new skills, enhance development or otherwise alter the child's behavior.
- 2) Client Training is direct training by provider staff with a child living in a natural or foster home for the purpose of skill acquisition or behavior deceleration. Major training responsibility is not shared by the parent or family members.
- 3) Resource and Support are services provided by provider staff directly to a family or their child to assist in the development and maintenance of the family unit and/or the child. These services are individualized according to family needs.
- 4) Service Coordination is provided through working with other Agencies on behalf of the family or child. The goal is to assist the family in obtaining all necessary and appropriate services and promote coordination of these services.
- 5) Information and referral is the provision of a service by provider staff which directs families not currently on the provider case load to the most appropriate available services which meet their needs and provides any information requested by families.

## XII. SPECIALIZED FAMILY CARE SERVICES

The purpose of Specialized Family Care is to prevent placement out of family settings, and to create movement to family settings from more restrictive environments for children with intensive needs.

By providing additional components to existing resources that would otherwise not be available, a comprehensive package of services is made available to enable foster and natural families to return the severely handicapped child to a home setting, or to maintain the child in a home setting.

The goal of Specialized Family Care is to provide a specialized array of services including case management, resource/services, and purchase of subcontracted services which are designed to maintain children in home settings who would otherwise require placement in a more restrictive setting. These services will include activities/services accomplished by provider staff, family, contracted personnel, or other agencies/professionals.

Case Management Services generally involve developing, coordinating and monitoring of services to clients with intensive needs and their families.

Due to the intensive needs of the child and thus, of the child's family, specialized resources and services will be made available to further assist the family in caring for the child and maintaining the current family placement.

Eligibility: Children in natural homes, foster homes, group homes, nursing homes and institutional settings who are determined to have the characteristics described below are to be considered for services.

The program will serve those developmentally disabled children (less than 22 years of age) who are determined by the Contractor or a statewide review panel to meet the level of care requirements defined in ARM 46.12.1303. That is:

- 1) without specialized services they would be in jeopardy of institutional placement due to the inability of the natural or foster family to maintain the child in the home without additional resources; and
- 2) they have one or more of the following characteristics:
  - a) they are severely/profoundly mentally retarded, including extreme deficiencies in self-care and daily living skills as compared to age peers;

- b) they have significant maladaptive social and/or interpersonal behavior patterns which require an on-going supervised program of intervention; this may include autism or autistic-like behaviors;
- c) they have severe medical or health related problems (e.g., sensory or physical deficits) requiring substantial care; and

3) they are determined to be Medicaid (assuming waiving of deeming) eligible.

In addition to the severity of a child's disability and the degree of stress caused by the care for a child, for purposes of client selection, higher priority will be given to children who are more likely to move to a more restrictive setting.

### XIII. RESPITE CARE SERVICES

Respite Care Services provide for temporary relief to natural or foster parents from the continuous care of an eligible developmentally disabled or "at risk" family member. Respite Care Services are comprised of two component services.

Respite Care providers develop and maintain lists of individuals who have been appropriately trained and are available to provide respite care. They also disburse funds, as appropriate, to families in need of respite care. Payments are made directly to the family (not the caregiver). Except as approved in writing by the Provider Board of Directors, the maximum payment to each family is \$360.00 per year.

Contractors maintain a current list of caregivers who are available to provide respite care within a given community and provide an orientation to all respite caregivers.

### XIV. EVALUATION AND DIAGNOSIS SERVICES

The purpose of a Transdisciplinary Evaluation Service is to (in part) identify presence/absence of handicapping conditions, determine client needs, formulate specific recommendations to address those needs, or select treatment/intervention alternatives. Further, when appropriate, the

transdisciplinary evaluation staff should see clients for the purpose of making statements regarding the rate of progress as well as prognosis. Not infrequently the purpose of evaluation services varies widely as a function of the questions/concerns stated at the time of referral. Example: "Does this child hear?" "Is this child generally delayed?" "Are the existing program goals and objectives appropriate?" etc. Evaluation Service then, is a multipurpose activity that has the potential for making substantial change in the daily routine of each and every client seen.

Service components include intake, case coordination, evaluation, case conference, treatment plan, interpretation, and follow along.

#### XV. ADAPTIVE EQUIPMENT PROGRAM

The purpose of the Adaptive Equipment service program is to provide specialized (custom designed) adaptive equipment and program consultation to multiply handicapped developmentally disabled clients in the state of Montana. The primary aim of the service is to enhance the functioning ability of each client through proper positioning and self-care aids.

Clients are evaluated in their living environments to insure that appropriate and realistic recommendations are established.

All clients on active status receive consistent follow-up to assure that equipment and/or program recommendations are still appropriate for the clients. Changes are made on-going based on the outcome of the follow-up reviews.

The aim of the adaptive equipment program is to provide specialized equipment and consultation for programming only when local resources are unavailable for such programming. It would be to the benefit of the client to utilize these local resources.

#### XVI. INTENSIVE ADULT HABILITATION SERVICES

The purpose of Adult Habilitation Services is to provide functional training in non-residential settings which is based on the Individual Habilitation Plans of Developmentally Disabled Adults. Adult Habilitation Services includes training which addresses basic life skills, pre-vocational

skills, work activities, sheltered employment skills, reduction of behavior problems and increasing socially appropriate behaviors. Training is generally directed toward skills pre-requisite or integral to vocational activities. Adult Habilitation Services direct their training activities toward movement of individuals to increasingly higher levels of independence.

Intensive Adult Habilitation programs are vocationally oriented physical and/or mental habilitation programs serving adults with physical and/or mental handicaps. These programs are oriented toward serving the more severely handicapped person and is dedicated to the philosophy that work can be meaningful, challenging and rewarding to all people.

The individuals who receive services in intensive adult habilitation display fewer self-help skills and/or more severe problem behaviors than the clients found in typical adult habilitation, have been screened against a standard "intensive needs" assessment and have been determined as inappropriate for placement in less restrictive adult habilitation settings.

Training is provided in a highly structured environment, by staff who are sophisticated in the skills of behavior management. Training focuses on the behaviors necessary to maintain the individual in the community-based service system and, if possible, move to a less restrictive setting.

The Intensive Adult Habilitation Program provides at least the following areas of training:

- 1) Individual self-help skills, such as toileting, feeding, dressing, bathing, hair care, grooming, health care, fine and gross motor skills, social interaction, sexual awareness, mobility, care of mobility devices, and communication.
- 2) Home related skills, such as clothing care and selection, household chores, cooking, use and care of refrigerator, stove, microwave, dishwasher, washer and dryer, responsiveness to emergencies, leisure skills, recreational skills, telephone use, lunch making, nutrition and preparation, wrapping and storage of food.
- 3) Community awareness skills, such as shopping, transportation, restaurant use, and safety and traffic signs.
- 4) Leisure and recreational skills, such as hobbies, sports, and games.

- 5) Vocational behaviors, such as independence, dependability, appearance, initiative, versatility, work attitude, honesty, break behavior, relating to supervisor, relating to co-workers, appropriate sexual behavior, work safety, employer property, work area, job assignment, productivity, and work quality.
- 6) Specific vocational skills, such as mailing (collate, stuff, staple, fold, label, seal); packaging (patient kits, small items) matching; wrapping; sorting; small assembly; color and shape identification; use of button machine; use of sewing machine; and pen assembly.

DO3/a

## PUBLIC LAW 98-473 Funding Plan

Public Law 98-473 provides funding for states to address the problems of abuse occurring in child care facilities. The funds available are to combat child sexual abuse in day care centers and other facilities for children. The intent of the funds are to establish policies and procedures for criminal record checks, background checks, and training of child care workers.

According to Section 401 of Public Law 98-473, Title IV, the allotment being made available may be used only for the purpose of training and retraining child care staff, State licensing and enforcement officials, and parents. The allotment shall be expended only to supplement the level of any funds that would be available from other sources for training.

The amount available for Federal Fiscal Year for Montana is \$86,008.

### IMPLEMENTATION

Currently there are 894 registered or licensed day care facilities, 1,250 licensed foster family homes, 31 group homes and 3 child care agencies.

The funds will be used to focus on initial screening and selection and on-going training and technical assistance.

### SELECTION

Management staff and licensing staff for child care facilities including day care homes, group day care homes, day care centers, foster family homes, group homes and child care agencies have had a long-standing need for an effective tool to select direct care staff. The approval for registering day care homes, group day care and licensing foster homes is usually accomplished after interviews are conducted by state licensing staff. Boards and managers of group homes, day care centers, and child care agencies generally hire the child care staff in those facilities.

Whether the selection and approval process is done by the state or the facility, it is critical. The process must be able to predict the success of applicants as well as screen out inappropriate applicants who would present possible risks to the children in care.

### ONGOING TRAINING

There is an ongoing need for staff in child care programs to be aware of the specific purpose for the care being provided, the components necessary to provide quality programs and their role in the provision of adequate and quality care.

BUDGET

1. Development of an assessment process to include employment history checks, non employment background information such as education and organizational affiliates and when appropriate, criminal record checks. This will be developed for the three categories of day care, foster care and residential care.....	22,004
2. Development of screening processes which will insure the selection of qualified and skilled care workers for the three categories.....	22,004
3. Provision of training programs for staff to include purpose, components of program, staff role clarification and specific skill development to deal with children placed from risk situations. Other skill development areas will include dealing with abused and neglected children, discipline problems, and child development. This will include payment for mileage and per diem of participants.....	42,000
<b>TOTAL</b>	<b>86,003</b>







POST-EXPENDITURE  
AND  
RECIPIENT CHARACTERISTIC  
REPORT

SOCIAL SERVICES BLOCK GRANT

State Fiscal Year 1985  
(7-1-84 to 6-30-85)

Submitted 9-30-85

State of Montana



The Omnibus Reconciliation Act of 1981 changed Title XX to the Social Services Block Grant (SSBG). It reduced funding from \$2.9 billion to \$2.4 billion, and required that each state at least every two years prepare a report on the services provided with the SSBG funds.

Services paid with SSBG funds have been provided by direct social service staff of the Department of Social and Rehabilitation Services with primary emphasis on protective services for children and adults. Services were also purchased from public and private agencies under contract to provide protective services and community-based services to the developmentally disabled.

Services provided under SSBG for state fiscal year 1985 (7-1-84 to 6-30-85) are outlined in this post-expenditure report. This report includes the funds expended for the services, the number of recipients of each service, and the characteristics of those recipients. All services were available on a state-wide basis to eligible individuals as outlined in the SFY85 report.

The SSBG funds reported include a 10% transfer of the Low Income Energy Assistance Program allocation.

Questions regarding this post-expenditure report should be addressed to:

Director's Office  
Department of Social and  
Rehabilitation Services  
P.O. Box 4210  
Helena, MT 59604  
406-449-5622



STATE OF MONTANA  
SOCIAL SERVICES BLOCK GRANT  
Post-Expenditure Report for SFY 85

A. COMMUNITY SERVICES DIVISION: \$6,151,507

Divisional Staff/Operations: \$ 513,876

Direct Social Services: \$4,980,011

Case Management  
Protective Services  
Home Attendant Services

Contracted/Other Services:

Staff Training	\$ 122,423
Legal Services	75.000
Home Health (Home Attendant)	21,668
Big Brothers/Sisters	160,087
Family Centered Early Intervention	38,343
West Yellowstone Human Services Coordination	5,156
Day Care	234.943

B. DEVELOPMENTAL DISABILITIES DIVISION: \$2,810,607

Staff/Operations: \$ 568,359

Contracted/Other Services: 2,242,248

Vocational (Day Services)  
Adaptive Equipment  
Transportation  
Residential Services  
Respite Care  
Family Services  
Diagnosis and Treatment

C. ADMINISTRATION AND SUPPORT: \$1,295,209

Departmental	\$ 449,984
County Administration	680,543
Audit & Program Compliance	164,682

D. TOTAL FOR ALL PROGRAMS \$10,257,323

E. SOURCES OF FEDERAL FUNDS:

FY85 Social Services Block Grant	\$8,795,531
Transfer from FY85 LIEAP Grant	1,461,792

TOTAL FEDERAL FUNDS \$10,257,323



SFY 1985 CLIENT CHARACTERISTICS:

COMMUNITY SERVICES DIVISION:

(SSBG funds were not the only source of funding for these services)

Case Management	1,948 clients
Protective Service Investigations	5,516 clients
Home Attendant Services	1,629 clients
Daycare Services	4,966 clients
Foster Care Services	2,578 clients
Information - Referral - Followup	7,366 clients
WIN - Certification	2,558 clients
Adoption - number completed	71 clients
Legal Services	964 clients
Home Health - contracted	188 clients
Big Brothers/Sisters	1,049 clients
Family Teaching - contracted	114 clients
Staff Training - number of man days	2,476 man days

CHARACTERISTICS:

Big Brothers/Sisters:

Age: 0 - 6	2%	Race: White	90%	Sex: Male	51%
7 - 12	57%	Indian	5%	Female	49%
13 - 16	34%	Other	5%		
17 - 18	6%				
19 - 25	1%				
26 - 65	-				
65 +	-				

Family Teaching:

Age: 0 - 6	-	Race: White	95%	Sex: Male	31%
7 - 12	10%	Indian	4%	Female	69%
13 - 16	84%	Other	1%		
17 - 18	5%				
19 - 25	1%				
26 - 65	-				
65 +	-				



CLIENT CHARACTERISTICS (con't):

Respite Services:

Age: 0 - 6	24%	Race: White	91%	Sex: Male	54%
7 - 12	19%	Indian	8%	Female	46%
13 - 16	12%	Other	1%		
17 - 18	4%				
19 - 25	14%				
26 - 65	26%				
65 +	1%				

Family and Children Services:

Age: 0 - 6	74%	Race: White	91%	Sex: Male	63%
7 - 12	14%	Indian	9%	Female	37%
13 - 16	-				
17 - 18	1%				
19 - 25	1%				
26 - 65	-				
65 +	-				

Evaluation and Diagnostic Services:

Age: 0 - 6	70%	Race: White	87%	Sex: Male	87%
7 - 12	4%	Indian	13%	Female	13%
13 - 16	4%				
17 - 18	4%				
19 - 25	9%				
26 - 65	9%				
65 +	-				

Adaptive Equipment:

Age: 0 - 6	43%	Race: White	89%	Sex: Male	57%
7 - 12	13%	Indian	9%	Female	43%
13 - 16	7%	Other	2%		
17 - 18	2%				
19 - 25	6%				
26 - 65	23%				
65 +	6%				



## CLIENT CHARACTERISTICS (con't):

### Legal Services:

Age: 0 - 6	1%	Race: White	72%	Sex: Male	8%
7 - 12	-	Indian	24%	Female	92%
13 - 16	-	Other	4%		
17 - 18	1%				
19 - 25	28%				
26 - 65	68%				
65 +	2%				

### Home Health Services:

Age: 0 - 6	18%	Race: White	100%	Sex: Male	33%
7 - 12	-			Female	67%
13 - 16	-				
17 - 18	-				
19 - 25	6%				
26 - 65	28%				
65 +	48%				

### Finalized Adoptions:

Age: 0 - 2	54%	Race: White	82%	Sex: Male	58%
3 - 6	18%	Black	-	Female	42%
7 - 12	16%	Indian	3%		
13 - 16	3%	Asian	3%		
16 +	1%	Other	12%		

### Foster Care Clients:

Age: 0 - 1	10%	Race: White	78%	Sex: Male	50%
2 - 4	12%	Black	2%	Female	50%
5 - 9	15%	Indian	16%		
10 - 12	9%	Viet/Cam	1%		
13 - 18	52%	Asian	1%		
18+	2%	Other	3%		

### Child Protective Services:

Age: 0 - 1	8%	Sex: Male	45%
2 - 3	13%	Female	55%
4 - 5	12%		
6 - 7	12%		
8 - 9	11%		
10 - 11	10%		
12 - 13	12%		
14 - 15	11%		
16 - 17	9%		
18 +	2%		



CLIENT CHARACTERISTICS (con't):

DEVELOPMENT DISABILITIES

(SSBG funds were not the only source of funding for these services.)

Day Services	1,301 clients
Transportation Services	992 clients
Residential Services	897 clients
Respite Care Services	550 clients
Family and Children Services	689 clients
Adaptive Equipment	250 clients
Evaluation and Diagnostic Services	366 clients

Day Services:

Age: 0 - 6	1%	Race: White	94%	Sex: Male	55%
7 - 12	-	Indian	6%	Female	45%
13 - 16	-				
17 - 18	1%				
19 - 25	22%				
26 - 65	71%				
65 +	5%				

Transportation Services:

Age: 0 - 6	1%	Race: White	93%	Sex: Male	54%
7 - 12	1%	Indian	7%	Female	46%
13 - 16	2%				
17 - 18	1%				
19 - 25	20%				
26 - 65	70%				
65 +	5%				

Residential Services:

Age: 0 - 6	3%	Race: White	92%	Sex: Male	56%
7 - 12	3%	Indian	8%	Female	44%
13 - 16	5%				
17 - 18	3%				
19 - 25	21%				
26 - 65	61%				
65 +	3%				











POST-EXPENDITURE  
AND  
RECIPIENT CHARACTERISTIC  
REPORT

SOCIAL SERVICES BLOCK GRANT

State Fiscal Year 1984  
(7-1-83 to 6-30-84)

Submitted 9-30-85

State of Montana



The Omnibus Reconciliation Act of 1981 changed Title XX to the Social Services Block Grant (SSBG). It reduced funding from \$2.9 billion to \$2.4 billion, and required that each state at least every two years prepare a report on the services provided with the SSBG funds.

Services paid with SSBG funds have been provided by direct social service staff of the Department of Social and Rehabilitation Services with primary emphasis on protective services for children and adults. Services were also purchased from public and private agencies under contract to provide protective services and community-based services to the developmentally disabled.

Services provided under SSBG for state fiscal year 1984 (7-1-83 to 6-30-84) are outlined in this post-expenditure report. This report includes the funds expended for the services, the number of recipients of each service, and the characteristics of those recipients. All services were available on a state-wide basis to eligible individuals as outlined in the SFY84 report.

The SSBG funds reported include a 10% transfer of the Low Income Energy Assistance Program allocation. Also included in this post-expenditure report are the expenditures of the FFY 1983 Jobs Bill monies. Montana's share was \$626,279 and was used to extend current services to more recipients, to provide resources not previously available, and to increase public awareness of existing services. The Job Bill monies were well spent in Montana.

Questions regarding this post-expenditure report should be addressed to:

Director's Office  
Department of Social and  
Rehabilitation Services  
P.O. Box 4210  
Helena, MT 59604  
406-449-5622



STATE OF MONTANA  
SOCIAL SERVICES BLOCK GRANT  
Post-Expenditure Report for SFY 84

A. COMMUNITY SERVICES DIVISION:

<u>Divisional Staff/Operations:</u>	\$ 485,112
<u>Direct Social Services:</u>	4,710,119
Case Management	
Protective Services	
Home Attendant Services	
<u>Contracted/Other Services:</u>	
Staff Training - University of Montana	\$ 173,598
Legal Services	75,000
Home Health (Home Attendant)	21,200
Big Brothers/Sisters	150,707
Family Centered Early Intervention	73,849
West Yellowstone Human Services Coordination	4,796
Day Care	<u>202,031</u>
 SUB-TOTAL	\$ 700,181

DIVISIONAL TOTAL: \$5,895,412

B. DEVELOPMENTAL DISABILITIES DIVISION:

<u>Staff/Operations:</u>	\$ 552,246
<u>Contracted/Other Services:</u>	1,969,301
Vocational (Day Services)	
Adaptive Equipment	
Transportation	
Residential Services	
Respite Care	
Family Services	
Diagnosis and Treatment	

DIVISIONAL TOTAL: \$2,521,547

C. ADMINISTRATION AND SUPPORT:

Departmental	\$ 619,920
County Administration	615,440
Audit & Program Compliance	<u>151.970</u>

ADMINISTRATION TOTAL: \$1,387,330



D. SUPPLEMENTAL SSBG FUNDS FROM FY 83 JOBS BILL:

In-Home Services for the Elderly	\$ 98,960
Staff Training	55,000
D.D. Program Standards Implementation	60,000
Continuity of Social Services Staff	205,574
Training Materials for Foster Care & Child Protective Svc.	5,000
Local Work Experience Programs	113,070
Medicaid Waiver Services Information Systems	20,000
Data Processing Management Analysis	10,450
County Administration	2,746
Commodity Distribution	45,479
Public Services Information Development & Distribution	<u>10,000</u>
 JOBS BILL TOTAL:	\$ 626,279

E. TOTAL FOR ALL PROGRAMS: \$10,430,568

F. SOURCES OF FEDERAL FUNDS:

FY84 Social Services Block Grant	\$ 8,574,522
Transfer from FY84 LIEAP Grant	1,229,767
FY83 JOBS BILL Funds for SSBG	<u>626,279</u>
 TOTAL	<u>\$10,430,568</u>



SFY 1984 CLIENT CHARACTERISTICS:

COMMUNITY SERVICES DIVISION:

(SSBG funds were not the only source of funding for these services)

Case Management	1,882 clients
Protective Service Investigations	5,628 clients
Home Attendant Services	1,597 clients
Daycare Services	4,718 clients
Foster Care Services	2,467 clients
Information - Referral - Followup	7,222 clients
WIN - Certification	1,930 clients
Adoption - number completed	90 clients
Legal Services	718 clients
Home Health - contracted	169 clients
Big Brothers/Sisters	1,121 clients
Family Teaching - contracted	199 clients
Staff Training - number of man days	2,509 man days

CHARACTERISTICS:

Big Brothers/Sisters:

Age: 0 - 6	4%	Race: White	91%	Sex: Male	53%
7 - 12	54%	Indian	5%	Female	47%
13 - 16	36%	Other	4%		
17 - 18	5%				
19 - 25	2%				
26 - 65					
65 +					

Family Teaching:

Age: 0 - 6	-	Race: White	97%	Sex: Male	38%
7 - 12	1%	Indian	2%	Female	62%
13 - 16	90%	Other	1%		
17 - 18	1%				
19 - 25	8%				
26 - 65					
65 +					



Legal Services:

Age: 0 - 6	1%	Race: White	72%	Sex: Male	8%
7 - 12	-	Indian	25%	Female	92%
13 - 16	-	Other	3%		
17 - 18	2%				
19 - 25	30%				
26 - 65	66%				
65 +	1%				

Home Health Services:

Age: 0 - 6	17%	Race: White	81%	Sex: Male	45%
7 - 12	-	Indian	18%	Female	55%
13 - 16	-	Other	1%		
17 - 18	-				
19 - 25	6%				
26 - 65	36%				
65 +	41%				

Finalized Adoptions:

Age: 0 - 2	54%	Race: White	76%	Sex: Male	54%
3 - 6	26%	Black	3%	Female	46%
7 - 12	16%	Indian	9%		
13 - 16	3%	Asian	2%		
16 +	1%	Other	10%		

Foster Care Clients:

Age: 0 - 1	10%	Race: White	77%	Sex: Male	51%
2 - 4	11%	Black	1%	Female	49%
5 - 9	15%	Indian	17%		
10 - 12	10%	Viet/Cam	1%		
13 - 18	52%	Asian	1%		
18 +	2%	Other	3%		



CLIENT CHARACTERISTICS (con't)

DEVELOPMENTAL DISABILITIES:

(SSBG funds were not the only source of funding for these services.)

Day Services	1257 clients
Transportation Services	1014 clients
Residential Services	879 clients
Respite Care Services	547 clients
Family and Children Services	641 clients
Adaptive Equipment	205 clients
Evaluation and Diagnostic Services	326 clients

Day Services:

Age: 0 - 6	-	Race: White	94%	Sex: Male	55%
7 - 12	1%	Indian	6%	Female	45%
13 - 16	-				
17 - 18	4%				
19 - 25	23%				
26 - 65	68%				
65 +	4%				

Transportation Services:

Age: 0 - 6	2%	Race: White	94%	Sex: Male	52%
7 - 12	1%	Indian	6%	Female	48%
13 - 16	1%				
17 - 18	3%				
19 - 25	20%				
26 - 65	69%				
65 +	5%				

Residential Services:

Age: 0 - 6	3%	Race: White	92%	Sex: Male	55%
7 - 12	3%	Indian	8%	Female	45%
13 - 16	3%				
17 - 18	5%				
19 - 25	22%				
26 - 65	60%				
65 +	3%				



CHARACTERISTICS (con't):

Respite Services:

Age: 0 - 6	22%	Race: White	94%	Sex: Male	53%
7 - 12	18%	Indian	6%	Female	47%
13 - 16	11%				
17 - 18	5%				
19 - 25	18%				
26 - 65	25%				
65 +	-				

Family and Children Services:

Age: 0 - 6	78%	Race: White	90%	Sex: Male	60%
7 - 12	19%	Indian	10%	Female	40%
13 - 16	1%				
17 - 18	-				
19 - 25	1%				
26 - 65	-				
65 +	-				

Evaluation and Diagnostic Services:

Age: 0 - 6	31%	Race: White	92%	Sex: Male	77%
7 - 12	-	Indian	8%	Female	23%
13 - 16	-				
17 - 18	-				
19 - 25	38%				
26 - 65	31%				
65 +	-				

Adaptive Equipment:

Age: 0 - 6	35%	Race: White	90%	Sex: Male	56%
7 - 12	13%	Indian	10%	Female	46%
13 - 16	6%				
17 - 18	3%				
19 - 25	6%				
26 - 65	30%				
65 +	6%				

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